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4 TRADEMARK OFFICE

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to:

"Commissioner for Patents,
P.O. Box 1450
Alexandria, VA. 22313-1450"

on April 26, 2004

Kevin J. Stein

KEVIN J. STEIN
Reg. No. 47,966
Attorney for Applicant(s)

04/26/04
Date of
Signature

PATENT

1627-4#

①

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Customer No.: 000201
Attorney Docket No.: J3568(C)
Applicant: Franklin et al.
Serial No.: 09/982,077
Filed: October 17, 2001
For: Cellobiose Esters
UNUS No.: 01-0153-UNI

Group: 1623
Examiner: E. White
Edgewater, New Jersey 07020
April 26, 2004

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA. 22313-1450

Sir:

In response to the Office Action dated December 24, 2003, please consider the following amendments and remarks:

Amendments to the Specification begins on page 2 of this paper.

Amendment to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks/Arguments begin on page 11 of this paper.

ee Only

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2202 18.00 DA

Adjustment date: 01/27/2005 CTHOMAS2
06/22/2004 DMARTINO 00000007 121155 09982077
01 FC:2202 18.00 CR

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UNITED STATES DEPT. OF COMMERCE
Patent and Trademark Office

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April 26, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED

	(2) * Claims Remaining After Amendment		(4)** Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims		Minus			\$ 18.00	
Independent Claims		Minus			\$ 80.00	
Multiple Claims					\$ 270.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$	

* If the entry in Column (2) is less than the entry in Column (4), write "0" in Column (5).

** If the "Highest No. Previously Paid For" is less than "20," write "20" in this space.

☐ Charge \$_____ to Deposit Acct. #12-1155. Triplicate copies of this letter are enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees, which may be required to our deposit account No. 12-1155, including all required fees under

☒ 37 C.F.R. § 1.16;

☒ 37 C.F.R. § 1.17;

☒ 37 C.F.R. § 1.18.

Triplicate copies of this letter are enclosed.

KJS/sa

201) 840-2394

01/27/2005 CTHOMAS2 00000002 121155 09982077

01 FC:1202

36.00 DA

Kevin J. Stein
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